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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/275,726
Filing Date	March 24, 2002
First Named Inventor	Bulent Dervisoglu
Group Art Unit	2133
Examiner Name	D. Ton
Attorney Docket Number	019705-000100

Total Number of Pages in This Submission

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ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form

<input checked="" type="checkbox"/> Fee Attached

<input type="checkbox"/> Amendment / Response

<input type="checkbox"/> After Final

<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application

<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)

<input type="checkbox"/> Drawing(s)

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition

<input type="checkbox"/> Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group

<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input checked="" type="checkbox"/> Return Postcard

<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 50-1957.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Law Offices of Gary T. Aka Gary T. Aka, Reg. No. 29,038
Signature	
Date	April 24, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **April 24, 2002**

Typed or printed name	Gary T. Aka		
Signature		Date	April 24, 2002

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 360**Complete if Known**

Application Number	09/275,726
Filing Date	March 24, 1999
First Named Inventor	Bulent Dervisoglu
Examiner Name	D. Ton
Group Art Unit	2133
Attorney Docket No.	019705-000100

ORIGINAL FILED

METHOD OF PAYMENT (check one)

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
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50-1957

Deposit
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Name

Law Offices of Gary T. Aka

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17
-
- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

- ☒
- Check
- ☐
- Credit card
- ☐
- Money
-
- Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES

			Extra Claims		Fee from below		Fee Paid
Total Claims		-20**	=		X		=
Independent Claims		-3**	=		X		=
Multiple Dependent					X		=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1,440	218	720	Extension for reply within fourth month
128	1,960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,280	241	640	Petition to revive - unintentional
142	1,280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Petitions related to provisional applications
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 360

The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)

Gary T. Aka

Registration No. Attorney/Agent)

29,038

Telephone

(650) 564-9888

Signature

Date

April 24, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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